

# Department of Health - Items Funded in FY 2020

1	A	B	C	D	E	F	G
2							
3							
4	For "LFA Comments," staff evaluated:						
5	1. Which items may need follow up action by the Subcommittee?						
6	2. What results may be of particular interest to the Subcommittee?						
7							
8	Appropriation Name	Amount (All Sources, Ongoing and One-Time)	Performance Measure	Target	Results	Agency Explanation of Result Compared to Target	LFA Comments
9	<b>5820 - Qualified Patient Enterprise Fund</b>						
10	SB 121 - Medical Cannabis Amendments	\$85,700	Ensure 100% new roles and scope enhancements have been added in the Electronic Verification System by January 2021.	100%			
11			Ensure contract amended to reflect new roles and scope enhancement requests by January 2021.	100%			
12	<b>Medicaid Services (LIAA)</b>						
13	Medicaid Consensus Buffer	\$39,500,000	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	Yes	TBD	This will be determined at State Fiscal Year closeout.	
14	<b>Medicaid and Health Financing (LGAA)</b>						
15	HB 32 - Crisis Services Amendments	\$10,000	First full year of operation under the waiver will be used as a baseline. In subsequent years, DOH will seek to reduce the number of emergency department visits and hospitalizations that occur within 30 days of an individual's stay in an IMD for Mental Health treatment. DOH will target a 5% reduction in overall stays.	5%	TBD	This measure requires the first year of operation to be used as a baseline, with subsequent years targeting the reduction goal. Results will not be available until a baseline is established and an additional year of operation occurs to compare to the baseline.	
16	<b>2252 - Medicaid Expansion Fund</b>						
17	Medicaid and CHIP Caseload, Inflation and Program Changes	\$723,100	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	Yes	TBD	This will be determined at State Fiscal Year closeout.	
18	<b>2253 - Pediatric Neuro-Rehabilitation Fund</b>						
19	H.B. 461, Pediatric Neuro-rehabilitation Fund	\$50,000	1. Number of children that received an intake assessment by July 1, 2021.	25	TBD	Contracts were started in May 2020 and Covid-19 has limited the capability for this program to receive any participants. Part of the qualification for the program is that the participant has to be post-surgical orthopedic within that last 6 months. Because of this there have been no participants to report for SFY 2020.	
20			2. Number of physical, speech or occupational therapy services provided to children by July 1, 2021.	200	TBD	Contracts were started in May 2020 and Covid-19 has limited the capability for this program to receive any participants. Part of the qualification for the program is that the participant has to be post-surgical orthopedic within that last 6 months. Because of this there have been no participants to report for SFY 2020.	
21			3. Percent of children that returned to school by July 1, 2021.	500.00%	TBD	Contracts were started in May 2020 and Covid-19 has limited the capability for this program to receive any participants. Part of the qualification for the program is that the participant has to be post-surgical orthopedic within that last 6 months. Because of this there have been no participants to report for SFY 2020.	

# Department of Health - Items Funded in FY 2021

1	A	B	C	D	E	F	G
2							
3							
4	For "LFA Comments," staff evaluated:						
5	1. Which items may need follow up action by the Subcommittee?						
6	2. What results may be of particular interest to the Subcommittee?						
7							
8	Appropriation Name	Amount (All Sources, Ongoing and One- Time)	Performance Measure	Target	Results	Agency Explanation of Result Compared to Target	LFA Comments
9	<b>Executive Director's Office (LAAA)</b>						
10	Coordination of Care for Older Adults Receiving Health Care Services	\$55,000	Alert eligible providers of non-transport falls	100%	TBD		
11			Decrease number of non-transport falls by 5%, from 6,521 reported in 2019, by July	6,200	TBD		
12			Develop two systems (interface, central hub) to improve communications by July 1, 2021.	2	TBD		
13	2020 SB 22 - American Indian-Alaska Native Related Amendments	\$168,300	The Office will meet with each Tribal Government and community, and the Urban Indian Organization (UIO) and community least one time per year at the Tribal offices and community centers, the Indian Health Services facility, and the UIO.	5			Is there anything besides meetings that could be used as a performance measure? What are the meetings trying to accomplish?
14			The Office will coordinate/facilitate at least 10 monthly Indian Health Advisory Board meetings annually.	10			
15			The Office will facilitate one formal Tribal consultation and conferment meeting each year to address health priorities and report on progress.	1			
16	2020 GS SB121 - Medical Cannabis Amendments	\$12,900	Ensure 100% new roles and scope enhancements have been added in the Electronic Verification System by January 2021.	100%			
17			Ensure contract amended to reflect new roles and scope enhancement requests by January 2021.	100%			
18	<b>Disease Control and Prevention (LEAA)</b>						
19	Electronic Cigarette and Other Nicotine Product Amendments	\$1,430,000	Reduce the number of youth who use electronic cigarettes from 12.4% to 11%. Information is collected every other year. Information is collected every other year, to be reported June 2022	11%	--	Current use is defined as "during the past 30 days". This information will be collected on 8, 10, 12th graders and will show the percentage of youth who are currently using electronic cigarettes. This information is collected every other year using the SHARP youth survey. This survey has a very large sample size and is very reliable.	
20			Increases awareness of the harms and dangers of electronic cigarette use among youth from 79.1% to 81% of youth who perceive that using electronic cigarettes are harmful. Information is collected every other year, to be reported June 2022. The School SHARP survey asks how much do you think people risk harming themselves (physically or in other ways) if they: use vape products such as e-cigarettes, vape pens, or mods? This information will be collected on 6, 8, 10, 12th graders and will show the percentage of youth who perceive that using electronic cigarettes are harmful. This information is collected every other year using the SHARP youth survey. This survey has a very large sample size and is very reliable.	81%	--		
21			Increases awareness of the harms and dangers of marijuana use among youth to show the percentage of youth who perceive the uses of marijuana is harmful from 73.4% to 75%. Information is collected every other year, to be reported June 2022. The School SHARP survey asks how much do you think people risk harming themselves (physically or in other ways) if they: smoke marijuana regularly? This information will be collected on 6, 8, 10, 12th graders and will show the percentage of youth who perceive that using marijuana is harmful. This information is collected every other year using the SHARP youth survey. This survey has a very large sample size and is very reliable.	75.0%	--		

	A	B	C	D	E	F	G
8	Appropriation Name	Amount (All Sources, Ongoing and One-Time)	Performance Measure	Target	Results	Agency Explanation of Result Compared to Target	LFA Comments
22	<b>Family Health and Preparedness (LFAA)</b>						
23	Behavioral Health Workforce Reinvestment	\$2,000,000	1. Receive progress reports from grantees quarterly	100%	--		Are there measures that could focus on what the funding is trying to accomplish? For example the performance measures for the Primary Care Workforce Financial Assistance (somewhat similar program) include: (1) percentage of available funding awarded, (2) total individuals served, (3) total uninsured individuals served, and (4) total underserved individuals served.
24			2. Annual verification that grantees used funds to pay qualified student loans (06/30/2021)	100%	--		
25			3. Annual verification that grantee has completed service agreement term (06/30/2021)	100%	--		
26	Emergency Medical Services Amendment - HB 389	\$1,500,000	Goal Title: Hire 3 Regional Medical Services Liaisons by September 30, 2020 to serve the needs of certain rural counties. Bureau manage and oversee liaisons. Goal Description: Hire five new employees to fulfill requirements outlined in the bill to include 1) serve the needs of rural counties in providing emergency medical services, 2) act as a liaison between the department and individuals or entities responsible for emergency medical services in rural counties, 3) provide support and training to emergency medical services providers in rural counties; and 4) assist rural counties in utilizing state and federal grant programs for financing emergency medical services. Manager or Rural EMS Specialist at the bureau will oversee work responsibilities and staff to ensure performance.	3		Goal was reduced from 5 to 3 based on reduced appropriation, hiring date was extended from July 30 2020 to September 30 2020 due to uncertainty of legislative funding until 5th special session.	
27			Goal Title: Distribute Emergency Medical Services System Account funds to EMS Ground Ambulance provider by August 31, 2020 Goal Description: Develop allocation method in conjunction with state EMS Grant Committee. Goal - Collection Method – The performance information will be collected by the bureau and submitted to the Health and Health Services Committee	\$1,125,000		Goal was reduced based on reduced appropriation	
28	<b>Medicaid Services (LIAA)</b>						
29	2020 HB32 - Crisis Services Amendments	\$1,660,900	First year of operation under the waiver will be used as a baseline. In subsequent years, DOH will seek to reduce the number of emergency department visits and hospitalizations that occur within 30 days of an individual's stay in an IMD for Mental Health treatment. DOH will target a 5% reduction in overall stays. Data analysts will pull samples of data and validate with program manager. Data will be pulled with 6-month lag to allow more complete data.	5%	TBD		
30	2020 SB44 Limited Support Services Waiver Amendments	\$456,900	If approved by the Centers for Medicare and Medicaid Services, the Department will implement a Limited Supports Waiver as described in S.B. 44 by June 30, 2021.	Waiver Implemented, if approved	TBD		
31	2020 HB219 - Mental Health Amendments	\$9,630,000	Before August 1, 2020, the Utah Department of Health shall apply for a Medicaid waiver or a state plan amendment with CMS to offer a program that provides reimbursement for mental health services that are provided in an institution for mental diseases that includes more than 16 beds and to an individual who receives mental health services in an institution for mental diseases for a period of more than 15 days in a calendar month.	Waiver Submitted	Submitted	The waiver was submitted to CMS on 8/3/2020.	
32	Medicaid and CHIP Caseload, Inflation, and Program Changes	\$165,073,300	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	Yes	TBD	This will be determined at State Fiscal Year closeout.	

	A	B	C	D	E	F	G
	Appropriation Name	Amount (All Sources, Ongoing and One-Time)	Performance Measure	Target	Results	Agency Explanation of Result Compared to Target	LFA Comments
8							
33	Social Detox Expansion for Medicaid	\$3,700,000	Funding increases in these areas are expected to make quality improvements in behavioral health delivery. The Department will track the following five quality measures: (1) The percentage of adolescents and adults 13 years of age and older who initiate treatment within 14 days of diagnosis (Initiation). The baseline rate observed in 2018 is 38.0%. (2) The percentage of adolescents and adults 13 years of age and older who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit (Engagement). The baseline rate observed in 2018 is 30.6%. (3) The percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder who have at least 180 days of continuous treatment (Continuity). The baseline rate observed in 2018 is 25.9%. (4) The percentage of adults and children 6 years of age and older who had an emergency department visit for selected mental health disorders and had follow-up care within 7 days (Follow-up 7). The baseline rate observed in 2018 is 33.0%. (5) The percentage of adults and children 6 years of age and older who had an emergency department visit for selected mental health disorders and had follow-up care within 30 days (Follow-up 30). The baseline rate observed in 2018 is 50.5%.	1. 1% increase 2. 2% increase 3. 2% increase 4. 1% increase 5. 1% increase	TBD		
34	2020 GS HB32 - Crisis Services Amendments	\$1,660,900	First year of operation under the waiver will be used as a baseline. In subsequent years, DOH will seek to reduce the number of emergency department visits and hospitalizations that occur within 30 days of an individual's stay in an IMD for Mental Health treatment. DOH will target a 5% reduction in overall stays. Data analysts will pull samples of data and validate with program manager. Data will be pulled with 6-month lag to allow more complete data.	5%	TBD		
35	<b>Medicaid and Health Financing (LGAA)</b>						
36	2020 GS HB32 - Crisis Services Amendments	\$29,200	First year of operation under the waiver will be used as a baseline. In subsequent years, DOH will seek to reduce the number of emergency department visits and hospitalizations that occur within 30 days of an individual's stay in an IMD for Mental Health treatment. DOH will target a 5% reduction in overall stays. Data analysts will pull samples of data and validate with program manager. Data will be pulled with 6-month lag to allow more complete data.	5%	TBD		
37	2020 GS SB44 - Limited Support Services Waiver Amendments	\$116,400	If approved by the Centers for Medicare and Medicaid Services, the Department will implement a Limited Supports Waiver as described in S.B. 44 by June 30, 2021.	Waiver implemented, if approved.	TBD		
38			Once implemented, the number of individuals enrolled and receiving services through the waiver.	Up to 38 individuals, as supported by the appropriated funding.	TBD		
39	2020 GS HB219 - Mental Health Amendments	\$253,100	Before August 1, 2020, the Utah Department of Health shall apply for a Medicaid waiver or a state plan amendment with CMS to offer a program that provides reimbursement for mental health services that are provided in an institution for mental diseases that includes more than 16 beds and to an individual who receives mental health services in an institution for mental diseases for a period of more than	Waiver Submitted	TBD		
40	<b>2252 - Medicaid Expansion Fund</b>						
41	Medicaid and CHIP Caseload, Inflation and Program Changes	\$1,446,200	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	Yes	TBD	This will be determined at State Fiscal Year closeout.	